

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936891

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/		/	
3	/		/	
4	/		/	
5	/		/	
6	/		/	
7	/		/	
8	/		/	
9	/		/	
10	(b)		/	
11	(b)		/	
12	(b)		/	
13	(b)		/	
14	(b)		/	
15	(b)		/	
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TOTAL IND.	/		/	
TOTAL DEP.	29	↔	17	↔
TOTAL CLAIMS	30		18	

*	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS